## PATENT APPLICATION FE ETERMINATION RECORD Effective October 1, 2001

**Application or Docket Number** 

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |                             |                              |                              | mn 2)            | SMALL E             | SMALL ENTITY TYPE      |          | OTHER THAN OR SMALL ENTITY              |                        |  |
|---|---|---|-----------------------------|------------------------------|------------------------------|------------------|---------------------|------------------------|----------|---|------------------------|--|
| TOTAL CLAIMS  |   |   |                             |                              |                              |                  | RATE                | FEE                    | 1        | RATE                                    | FEE                    |  |
| FOR   |   |   | NUMBER FILED                |                              | NUMB                         | ER EXTRA         | BASIC FEE           | ·                      | OR       | BASIC FEE                               | 1040                   |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | / 🗴 minus 20=               |                              | *                            |                  | X\$ 9=              |                        | OR       | X\$18=                                  |                        |  |
| INDEPENDENT CLAIMS  |   |   | (3 m                        | inus 3 =                     | *                            |                  | X42=                |                        | OR       | X84=                                    |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT                      |                              |                              |                  | +140=               |                        | OR       | +280=                                   |                        |  |
| * If  | the difference  | in column 1 is                            | ess than zero, enter "0" in |                              |                              | column 2         | TOTAL               |                        | OR       | TOTAL                                   | 1040                   |  |
|   |   |   |                             |                              |                              | (Column 3)       | SMALL               | ENTITY                 | OR       | OTHER<br>SMALL                          | ,                      |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGH<br>NUM<br>PREVI<br>PAID | BER                          | PRESENT \ EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                       | **                           |                              | =                | X\$ 9=              |                        | OR       | X\$18=                                  |                        |  |
|   | Independent   | *   | Minus                       | ***                          | T CL AIN                     | =                | X42=                |                        | OR       | X84=                                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                             |                              |                              |                  | +140=               |                        | OR       | +280=                                   |                        |  |
|   |   |   |                             |                              |                              |                  | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE                     |                        |  |
|   |   | (Column 1)                                |                             | (Colu                        | mn 2)                        | (Column 3)       | ADDITION            |                        |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | NUM<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                       | **                           |                              | =                | X\$ 9=              |                        | OR       | X\$18=                                  |                        |  |
|   | Independent   | *   | Minus                       | ***                          |                              | =                | X42=                |                        | OR       | X84=                                    |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | OLIPLE DE                   | PENDEN                       | I CLAIM                      |                  | +140=               |                        | OR       | +280=                                   |                        |  |
|   | <b>L</b>  |   |                             |                              |                              |                  |                     |                        | OR       | TOTAL<br>ADDIT. FEE                     |                        |  |
| ADDIT. FEE ADDIT. FEE  (Column 1) (Column 2) (Column 3)                               |   |   |                             |                              |                              |                  |                     |                        |          |   |                        |  |
| AMENDMENT C   | 416±15.113  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | NUN<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                       | **                           |                              | =                | X\$ 9=              |                        | OR       | X\$18=                                  |                        |  |
|   | Independent   | *   | Minus                       | ***                          |                              | =                | X42=                |                        | OR       | X84=                                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                             |                              |                              |                  | +140=               |                        |          | +280=                                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                             |                              |                              |                  |                     |                        | OR<br>OR | TOTAL                                   |                        |  |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                             |                              |                              |                  |                     |                        |          | ADDIT. FEE                              |                        |  |
|   | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |                             |                              |                              |                  |                     |                        |          |   |                        |  |